

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-179)						SERIAL NO. 10/552129	VALUATION DATE
						CLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2	1						52
3	2						53
4	(1)						54
5	1						55
6	1						56
7	2						57
8	3						58
9	3						59
10	3						60
11	3						61
12			1				62
13			11				63
14			1				64
15			1				65
16			1				66
17			1				67
18			1				68
19			1				69
20			1				70
21			1				71
22			1				72
23			1				73
24			1				74
25			1				75
26			1				76
27			1				77
28			1				78
29			1				79
30			1				80
31			1				81
32			1				82
33			1				83
34			1				84
35			1				85
36			1				86
37			1				87
38			1				88
39			1				89
40			1				90
41			1				91
42			1				92
43			1				93
44			1				94
45			1				95
46			1				96
47			1				97
48			1				98
49			1				99
50			1				100
TOTAL 100	1	↓	1	↓	↓		TOTAL 100
TOTAL 100	12	←	9	←	←		TOTAL 100
TOTAL 100	13	←	10	←	←		TOTAL 100

PTO-1360 (REV. 2/63)

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